



#16/Evt  
PTO/SB/22 (10-00)  
12/05/2000  
9/24/03

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741124-63	
CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 12, 2003. <i>K.M. McManus</i> K.M. McManus		In re Application of Dieter BUSCH  Application Number 09/729,422 Filed 12/05/2000  For ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES  Group Art Unit 2859 Examiner T.M. Reis	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |         |
|--|---------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$55.00 |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$205/\$410)           | \$      |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$465/\$930)         | \$      |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$725/\$1450)         | \$      |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$985/\$1970)         | \$      |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$205.00
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(741124-63).  
I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 12, 2003  
Date

*David S. Safran*  
\_\_\_\_\_  
Signature  
David S. Safran  
\_\_\_\_\_  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

09/16/2003 HLE333 00000059 09729422

01 FC:2251

55.00 0P